Scenario-Specific Diversion R E A P L

Patients with certain clinical problems require diversion to a specific Destination Hospital, based on the services available in the community.

See Standard Scene Operations for more information on Destination Hospital selection.

As with all guidelines, if encounter-specific circumstances require it, deviation from this Guideline is acceptable and appropriate. The reasons for deviation should be carefully documented in the EMS Medical Record.

See Standard Scene Operations. If the Guidelines designate a specific Destination Hospital that is different from the patient's preferred hospital, ***EMS Personnel should respectfully attempt to convince the patient to permit transport to the appropriate Destination Hospital****, engaging, if necessary, Online Medical Consultation.* ***Nevertheless, the patient has the right to refuse transport to the appropriate Destination Hospital in favor of their preferred hospital****.* ***Such discussions and refusals should be well documented in the EMS Medical Record****.* ***OMCP***

Trauma (see Major Blunt or Penetrating Trauma for Transport Decision Algorithm)

The following patients should be transported to a level 1 or 2 trauma center:

- All trauma patients who meet Trauma Transport Decision steps 1, 2, and 3.
- Any trauma patient who meets Trauma Transport Decision step 4 and either:
    - The trauma center is the patient's hospital of choice **or**
    - OMCP directs that the be patient transported to a trauma center or
    - The judgement of the on-scene EMS personnel.

Suspected Acute Ischemic Stroke (AIS) (see Suspected Acute Ischemic Stroke for hospital-specific Stroke Center certifications, patient evaluation procedure, Destination Hospital determination table, and other details and exceptions)

Patients with suspected AIS should be transported to a Destination Hospital best able to provide the treatment for which they are eligible, based on LKWT, EMS evaluation, and transport time.

- Patients with LKWT < 24 hours and FAST-ED ≥ 4 should be transported to MHSB unless an exception applies:
    - Transport time to MHSB > 30 min and another certified Stroke Center is closer.
    - The extra transport time to MHSB will disqualify the patient from receiving fibrinolytic therapy that could have been administered at a closer hospital.
- Patients with LKWT < 4.5 hours and FAST-ED < 4 should be transported to the closest hospital that can administer fibrinolytic therapy; usually this is a certified Stroke Center.
- Patients with LKWT > 24 hours should be transported in accordance with Standard Scene Operations.

Pediatric Critical Care

Patients < 15 yrs who are likely to require pediatric critical care should be transported to MHSB. Conditions likely to require such care include:

- Toxic ingestion or overdose.
- Near drowning.
- Respiratory failure or impending respiratory failure.
- Paralysis.
- Status epilepticus or ongoing seizure activity.
- Shock of any etiology.

- Signs or symptoms reasonably likely to require cardiac monitoring.

Suspected Carbon Monoxide Toxicity

Patients with suspected carbon monoxide toxicity should be transported to MHSB if they exhibit any of the following signs or symptoms:

- Headache.
- Tinnitus (ringing in the ears).
- Pallor and/or cyanosis.
- Weakness and/or dizziness.
- Dimmed vision.
- Vomiting.
- Cardiovascular instability.
- Bladder or bowel incontinence.
- Seizure activity.
- Loss of consciousness or depressed neurological function.
- Flushing of the skin, lips, mucus membranes, or tongue.

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